

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN73AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>AQUARIUS GRP CARE HOME INC #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>580 STEWART ST RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/17/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The following deficiencies were identified:	Y 000		
Y 276 SS=F	449.2175(7) Nutrition and Service of Food  NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.	Y 276		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 276	Continued From page 1  This Regulation is not met as evidenced by: Based on observation on 9/17/08, the facility did not ensure outdated foods were not stored in the facility.  Findings include:  During a survey conducted on 3/27/08, cases containing boxes of individually packaged low carb "Pure De-Lite" cookies were being stored at the entry way to the basement. The cases were marked with "Best if Used By" dates of 11/2005 and 1/2006. The administrator indicated on the Plan of Correction that the cases of outdated cookies had been removed from the facility. On 9/17/08, there were 10 cases of the cookies with "Best if Used By" dates of 1/2006 stored in the entryways leading to the basement. None of the cookies were observed in the kitchen area.  Repeat deficiency from the State Licensure survey conducted on 3/27/08.  Severity: 2 Scope: 3	Y 276		
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered.	Y 895		

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Y 895	Continued From page 2  This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not ensure the medication administration record (MAR) reflected the current medication order for 1 of 3 residents.  Findings include:  The file for Resident #1 contained doctor's order dated 9/20/07 and 4/29/08 for Lovastatin 40 milligram (mg) tablet every evening. The August and September 2008 MARs indicated the resident was to receive one 40 mg tablet of Simvastatin every evening. The resident's prescription bottle was labeled Simvastatin 40 mg, ½ tablet every evening. The caregiver reported the Veteran's Administration recently changed all their patients from Lovastatin to Simvastatin and that a lower dosage was required for the Simvastatin. The MAR did not reflect the ½ dose and the facility did not have a copy of the doctor's order for the change from Lovastatin to Simvastatin.  Repeat deficiency from the 9/4/07 annual State Licensure survey.  Severity: 1 Scope: 3	Y 895			
Y 936 SS=E	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all	Y 936			

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Y 936	Continued From page 3  records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not ensure 1 of 3 residents met tuberculosis (TB) testing requirements.  Findings include:  The file for Resident #1 contained evidence of an annual one-step TB test completed on 9/20/07. There was no evidence of an annual TB test completed in 2008. The resident requires a two-step TB test to meet the TB testing requirement.  Repeat deficiency from the 9/4/07 annual State Licensure survey.  Severity: 2 Scope: 2	Y 936			
Y 940 SS=A	449.2749(1)(g)(3) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to	Y 940			

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Y 940	<p>Continued From page 4</p> <p>the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not ensure 1 of 3 residents had evidence of an annual activities of daily living (ADL) assessment.</p> <p>Findings include:</p> <p>The file for Residents #1 did not contain evidence of an annual ADL assessment for 2008.</p> <p>Severity: 1 Scope: 1</p>	Y 940		

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